# Form. **99**0

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20**10** 

Open to Public Inspection

> Yes 🗌 No Form 990 (2010)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2010, and ending For the 2010 calendar year, or tax year beginning 01-01 12.31 20 10 C Name of organization SPRING BRANCH COMAL COUNTY VOLUNTEER FIRE DEPT D Employer identification number Check if applicable Doing Business As П 74-6051048 Address change Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return PO BOX 399 City or town, state or country, and ZIP + 4 Terminated Amended return SPRING BRANCH, TX 78070-0399 G Gross receipts \$ Application pending F Name and address of principal officer: G. W. Anderson H(a) Is this a group return for affiliates? Yes No PO Box 399, Spring Branch, TX 78070-0399 √ 501(c) ( 4 ) 
√ (insert no.) 
☐ 4947(a)(1) or 
☐ 527 If "No," attach a list (see instructions) Tax-exempt status: Website: ▶ springbranchvfd.com H(c) Group exemption number Form of organization 
☐ Corporation 
☐ Trust 
☐ Association 
☐ Other 
▶ M State of legal domicile: L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: FIRE FIGHTING & FIRST RESPONDER SERVICES FOR SPRING BRANCH, TX, LOCATED IN WESTERN COMAL COUNTY Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 39 Total number of volunteers (estimate if necessary) . . . . . . 6 40 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year 1,118,234 967,672 8 Contributions and grants (Part VIII, line 1h) . 38,881 9 35,632 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 4,691 250 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . O 0 1,006,803 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,158,557 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . Benefits paid to or for members (Part IX, column (A), line 4) . 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 878.537 699.001 Professional fundraising fees (Part IX, [20[[infin [A)] \ lifte [1]e) 16a Total fundraising expenses (Part IX, column 10); line 25) h Other expenses (Part IX, column (44), lines 11a-11d, 11f-24f) (2 590,590 625.722 17 Total expenses. Add lines 13-17 (must equal Par IX) column (A), line 25) 1,326,223 18 1,469,127 Revenue less expenses. Subtract line 18 from line 12 19 -310.570 -319,421 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1.827.445 1.146.620 1,169,864 463,379 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 657,581 683,241 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) s based on all information of which preparer has any knowledge Sign reasurer Here Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check | if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. (7)
1	Briefly describe the organization's mission: PROVIDE FIRE FIGHTING & FIRST RESPONDER SERVICES FOR Property owners of Spring Branch, COMAL COUNT		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes	☑ No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<b></b> ✓ Yes	∏No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a others, the total expenses, and revenue, if any, for each program service reported.	kpenses. S Ind allocat	Section tions to
4a	(Code: 900099 ) (Expenses \$ 1,326,223 including grants of \$ ) (Revenue \$		_
			**********
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	<del></del>	<del>,                                    </del>
₩.	/ (Locale) (Expenses #		. 1
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
			. ·
			<del></del> -
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		<u></u>
40	Total program condes expanded by 4 205 242		

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**Checklist of Required Schedules** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_	1	
•	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <b>-</b>		Ť
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodlan for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			1
40	,	9		<b>V</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		•	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<b>/</b>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓_
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	445		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		<del>-</del>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), Ilne 3, more than \$5,000 of aggregate grants or assistance			-
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
16	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a		✓_
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see Instructions)	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	1	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>/</b>	
		C	. uon	(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O Contains a response to any question in this Part V	• •	• •	<u>: 닏</u>
1.	Fatantha armhananadadia Baro af Fara 1000 Fatan O if ant analisati		Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 39	.		}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			<del> </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del>                                     </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<b>4a</b>		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible?	6a		<b>-</b>
b	- · · · · · · · · · · · · · · · · · · ·	e L		
7	gifts were not tax deductible?	6b	-	-
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
ь	If "Yes," dld the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		├
10	Section 501(c)(7) organizations. Enter:	<del></del>		-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	ĺ		
a	Gross income from members or shareholders	ĺ		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
b	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
. ъ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	, , , , , , , , , , , , , , , , , , ,	لتنت	000	

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch			
	O. See instructions.  Check if Schedule O contains a response to any question in this Part VI			. <b>[7</b> ]
Secti	on A. Governing Body and Management			
	<b>-</b>	_ [	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a  Enter the number of voting members included in line 1a. above, who are independent . 1b	6		
2 2	Enter the number of voting members included in line 1a, above, who are independent . Lib Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	/ith	ľ	
-	any other officer, director, trustee, or key employee?	. 2		1
3	Did the organization delegate control over management duties customarily performed by or under the dir		1	<u> </u>
	supervision of officers, directors or trustees, or key employees to a management company or other person? .			1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5	1	
6	Does the organization have members or stockholders?	. 6	1	ļ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, and the stockholders which t			ŀ
	of the governing body?	7a	<b>√</b>	<del> </del>
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken duri		├	<b>✓</b>
•	the year by the following:	''9	ł	Ì
а	The governing body?	. 8a	1	<b> </b>
b	Each committee with authority to act on behalf of the governing body?	. 8b	Ť	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	✓
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue C</u>		T
40-	Donatha anno institut have based shouters have should be selected as of file to a	400	Yes	No
10a b	Does the organization have local chapters, branches, or affillates?	. 10a	<del> </del>	<b>/</b>
	chapters, affillates, and branches to ensure their operations are consistent with those of the organization?		ł	İ
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing	<u> </u>	<b>†</b>	<u> </u>
	form?	. 11a	1	ł
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u></u>	
12a	Does the organization have a written conflict of interest policy? If "No," go to Ilne 13	. 12a	1	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could g rise to conflicts?	12b		1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this is done	s,"   12c		1
13	Does the organization have a written whistleblower policy?	. 13		1
14	Does the organization have a written document retention and destruction policy?		<u> </u>	1
15	Did the process for determining compensation of the following persons include a review and approval	_ '		1
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			-,-
a b	The organization's CEO, Executive Director, or top management official		-	1
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		<del>                                     </del>	<b> </b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?		1	<b>√</b>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
<u> </u>	organization's exempt status with respect to such arrangements?	· 16b	<u> </u>	<u> </u>
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501 for public inspection. Indicate how you make these available. Check all that apply.	(c)(3)s onl	y) ava	ilable
	☑ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, confi and financial statements available to the public.	ict of inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► Anthony White, PO Box 399, Spring Branch, TX 78070-0399	ords of the	e 	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[7] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply)						Reportable compensation	Reportable compensation from	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GUY ANDERSON PRESIDENT	22	1								C
(2) MILTON WILLMANN	-	-		<b>✓</b>	-			<del> </del>		
VICE PRESIDENT	2	1		,				}		O
		· •	-	1		<u> </u>	-			
(3) ANTHONY WHITE TREASURER	16	1		1						C
(4) EUGENE CARTER		<del>  •</del>		<b>  •</b>	$\vdash$	$\vdash \!$	$\vdash$			
SECRETARY	10	1		/				1	1	C
(5) SCOTT WATSON	ļ	<del>  •</del>		<del>  •</del>	-	<b>.</b>	-	<u> </u>		
DIRECTOR	- 6	1								C
(6) ERV WESTHAUSE		<del>-                                    </del>	-		-				1	
DIRECTOR	14	1								C
(7) ERAN DENSLER		<del></del>	$\vdash$							
FIRE CHIEF	UNK	ļ				}	1			41,936
(8) ELAINE GARCIA	110,117									44 000
EXEC DIR/OFFICE MGR	UNK	İ					✓			41,269
(9)										
(10)					-					· · · · · · · · · · · · · · · · · · ·
(11)		 		-						
(12)										
(13)					-					
(14)					-					
(15)								<del></del>		· · · · · · · · · · · · · · · · · · ·
(16)						<u> </u>	-			

	Section A. Officers, Directors, Trus (A)	(B)			(6	<b>C)</b>			(D)	(E)			(F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<del>,</del>	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensatior related organizatio (W-2/1099-A	n from ons	com fro orga	timated tount o other pensation om the anization i related inization	on on d
(17)														
(18)														
(19)														
(20)														
(21)												<del></del>		
(22)														
(23)														
(24)														
(25)								-						
(26)														
(27)													<del> </del>	<del></del>
(28)								-						
1b c d	Sub-total .  Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	· ·		•	<b>▶ ▶</b>						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received me	ore than \$1	00,000	n		<del>,</del>
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc						mp	loyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	50, ·	000	? <i>II</i> 	f "Ye:	s," · ·	complete Sch	edule J fo 	r such	4		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	lividual 	5		1
	on B. Independent Contractors  Complete this table for your five highest	omoenect.	od inc	len	200	on+	CODI	20+-	ore that receive	nd more the	n \$100	000 0	f	
1	compensation from the organization.		ou IIIC		31 IU	GIIL		au.(			φ100,			
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) compen		<del></del> -
2	Total number of independent contractor	rs (includir	ng bu	nt n	ot I	imit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 in compens									,			001	_

Part	VIII	Statement of Revenue					
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
28 28	1a	Federated campaigns 1a	a				
E 2	b	Membership dues 1	41,723				
e, E	C	Fundraising events 10	C				1
観り	d	Related organizations 10	d				
ള	е	Government grants (contributions)	e 849,200				
후교	f	All other contributions, gifts, grants,					1
Contributions, gifts, grants and other similar amounts		and similar amounts not included above 1					
들	g	Noncash contributions included in lines 1a-1f:					
<del></del>	h	Total. Add lines 1a-1f		999,982			
2			Business Code			<del></del>	
9.6	2a	BILLED FIRE SERVICES	900099	2,351	2,351		
ec g	b						
Ž	C						<del></del>
ଞ୍ଚ	d		·- <del>  ·· · · · · · · · · · · · · · · · · ·</del>				
듄	e	All other program service revenue.					· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	f g	Total. Add lines 2a-2f		2,351			
	3	Investment income (including div	idends, interest.	2,001			· · · · · · · · · · · · · · · · · · ·
		and other similar amounts)		250			
	4	Income from investment of tax-exempt					
	5	•	-				
		Royalties	(ii) Personal				
	6a	Gross Rents 4,2	20		·		
	Ь	Less: rental expenses					
	С	Rental income or (loss) 4,2	20			~- <del></del>	
	d			4,220			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than Inventory					
	b	Less: cost or other basis and sales expenses .			•		
		Gain or (loss)					į
	d			o			نہ ۔۔۔۔ ۔۔۔۔۔ نا
	ď	Net gain or (loss)	·	-			
P	8a	Gross income from fundraising					
3evenue		events (not including \$					
		of contributions reported on line 1c).					
Other		See Part IV, line 18	а				
ㅎ		Less: direct expenses	b				
_		Net income or (loss) from fundraising		0			
	9a	Gross income from gaming activities					
		See Part IV, line 19					
		Less: direct expenses	b_	0			
	_	Gross sales of inventory, less		0			
	iva	returns and allowances					
	h	Less: cost of goods sold	b				
		Net income or (loss) from sales of in		0			
	Ť	Miscellaneous Revenue	Business Code		<del> </del>		}
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	<b>Total revenue.</b> See instructions.	🕨	1,006,803			

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
<b>4 5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 83,205	0 41,936	41,269	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	33,233			
7	Other salaries and wages	564,995	536,391	28,604	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,891	7,991	900	
9	Other employee benefits	41,910	40,306	1,604	
10	Payroll taxes	46,401	43,426	2,975	
ii a	Fees for services (non-employees):  Management	621		621	
b	Legal	1,960		1,960	
C	Accounting	4,055		4,055	
d	Lobbying [				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	_ ·			
g	Other	3,075		3,075	<del> </del>
2	Advertising and promotion	2,607		2,607	·
3	Office expenses	20,458		20,458	
14	Information technology				<del> </del>
5	Royaltles				· · · · · · · · · · · · · · · · · · ·
6	Occupancy	26,291	18,649	7,622	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings .	1,451	1,451		
20	Interest	54,513	54,513	·····	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	236,278	233,823	2,455	
23	Insurance	52,474	52,474		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	Repairs & Maintenance	34,334	33,950	384	
b	Fuel & Oil	22,864	22,805	59	
c	Equip replacement	17,315	16,665	660	
ď	Training & uniforms	10,788	10,788		
e	Loss/Repo of Ladder Truck	63,446	63,446	0	
f	All other expenses Other	28,311	26,708	1,603	
5	Total functional expenses. Add lines 1 through 24f	1,326,223	1,205,312	120,911	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.				

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	146,630	1	8,063
Ì	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,072	4	1,832
	5	Receivables from current and former officers, directors, trustees, ke	ey		
		employees, and highest compensated employees. Complete Part II of Schedule L	of	5	
	6	Receivables from other disqualified persons (as defined under section	n l		
	·	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntar			
ø.		employees' beneficiary organizations (see instructions)	,	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges	16,366	<del> </del>	2,580
	10a	Land, buildings, and equipment: cost or	10,000		2,000
		other basis. Complete Part VI of Schedule D 10a 2,637,9	979	1 1	
	b	Less: accumulated depreciation 10b 999,3		10c	1,134,144
	11	Investments—publicly traded securities	.,,,,,,,,,	11	
	12	Investments—other securities. See Part IV, line 11	<del></del>	12	<del></del>
	13	Investments—program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	<del></del>
	15	Other assets. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15	····· · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,830,669	<del></del>	1,146,620
_	17	Accounts payable and accrued expenses	78,486	17	5,000
	18	Grants payable		18	
	19	Deferred revenue	81,800	19	0
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, ke	ay .		
<u>ā</u>		employees, highest compensated employees, and disqualified persons		1	
Ĭ		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,010,664	23	458,379
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,170,950	26	463,379
<b>60</b>		Organizations that follow SFAS 117, check here ▶ ☐ and complet	te		
Ces		lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			La Company
29	30	Capital stock or trust principal, or current funds		30	
98	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds .	659,719	32	683,241
ě	33	Total net assets or fund balances	659,719	33	683,241
_	34	Total liabilities and net assets/fund balances	1,830,669	34	1,146,620
					Form <b>990</b> (2010)

Form 9	0 (2010)		Pa	ge 12	
Par					
	Check if Schedule O contains a response to any question in this Part XI	<del></del>		V	
1	Total revenue (must equal Part VIII, column (A), line 12)		1,00	6,803	
2	Total expenses (must equal Part IX, column (A), line 25)			1,326,223	
3	Revenue less expenses. Subtract line 2 from line 1			-319,420	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			659,719	
5	Other changes in net assets or fund balances (explain in Schedule O)			23,522	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))		68	3,241	
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			Ø	
	Officer in octroduce of contains a response to any question in this tart Air	···	Yes	No	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	· · · · · · · · · · · · · · · · · · ·				
C	teme and the contract of the c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	-			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b			
		Form	990	(2010)	

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

ganization answered "Yes," to Form 990,

20**10** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization Employer identification number SPRING BRANCH COMAL COUNTY VOLUNTEER FIRE DEPARTMENT 74-6051048 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization Inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 28 **2**b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X . . . . . . . . . . . .

Schedul	le D (Form 990) 2010								Page 2
	Organizations Maintaining Co	ollections of	Art. His	toric	cal Treasures	or O	her Similar Ass	ets (conti	
3	Using the organization's acquisition, accollection items (check all that apply):								
а	☐ Public exhibition		d		Loan or exchai	nge pro	ograms		
Ь	☐ Scholarly research		е		A				
C	☐ Preservation for future generations								
4	XIV.	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part					in Part		
5	During the year, did the organization so								
	assets to be sold to raise funds rather that			•				Yes	
Part	line 9, or reported an amount o	n Form 990, l	Part X, I	ine 2	1.				art IV,
1a	is the organization an agent, trustee, cuincluded on Form 990, Part X?				-			∷ ☐ Yes	□ No
b	If "Yes," explain the arrangement in Part	XIV and compl	ete the f	ollow	ing table:		Am	ount	<del></del>
С	Beginning balance					10	<del></del>		
d	Additions during the year					10	<del></del>		
9	Distributions during the year					16	<del></del>		
f	Ending balance					11			
2a	Did the organization include an amount of						<del> </del>	☐Yes	□ No
	If "Yes," explain the arrangement in Part					• •		□ .00	
Pari			ation a	nswe	red "Yes" to F	orm 9	90 Part IV line	10.	
		a) Current year		or yea			(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance								
ь	Contributions								
C	Net investment earnings, gains, and								
_	losses								
d	Grants or scholarships						<u></u>		<u>_</u>
e	Other expenditures for facilities and				<del></del>				
·	programs								
f	Administrative expenses				- +				
-	End of year balance								
9 2	Provide the estimated percentage of the	vear end balan	ce held	36.	<u> </u>				<del></del>
a	Board designated or quasi-endowment	•	%	u.s.					
		%	/0						
b	Term endowment > %	70							
С 3а	Are there endowment funds not in the p	occossion of th	e organ	izatio	n that are held	and ad	ministered for the		
38	organization by:	OSSESSION OF II	ie organ	Zaliu	in that are neid	and ad	ministered for the		- N-
	,							Ye	s No
	(i) unrelated organizations					• •		3a(i)	+
	(ii) related organizations								
þ	If "Yes" to 3a(ii), are the related organizat					• •		3b	
4	Describe in Part XIV the intended uses of							<del></del>	
Part				1					
	Description of investment	(a) Cost or of		(p)	Cost or other basis (other)		Accumulated epreciation	(d) Book va	lue

401,251

1,698,879

1a Land . . . . .

**b** Buildings . . . . .

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Equipment . . .

104,944

1,187,632

326,590

296,307

511,247

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	
(#	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
	I derivatives			
	held equity interests			
(3) Other				
(A)		· · · · · · · · · · · · · · · · · · ·		
(B) (C)				<del></del>
(D)		······································	<del></del>	
(E)			<del> </del>	<del></del>
(F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col (B) line 12)	1 0 - F 000 D- 1 V	li 40	
Part VIII	Investments-Program Related	<del> </del>	<del></del>	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)		· <del> · · · · · · · · · · · · · · · · ·</del>		
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				<del>., .,</del>
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
(10)		<del></del>		······································
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
	(a	) Description		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)			<del>*</del>	
(4)				
(5)				
<u>(6)</u> (7)		, <del>, , , , , , , , , , , , , , , , , , </del>		
(8)				
(9)		<del> </del>		
(10)				
Total. (Colt	ımn (b) must equal Form 990, Part X, cı			
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount	4	
	Income taxes		4	
(3)			4	
(4)	· ····		1	
(5)			†	
(6)			†	
(7)			†	
(8)			1	
(9)			1	
(10)			1	
(11)			1	
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	
	ASC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial states	ments that reports the

Schedul	D (Form 990) 2010			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1	1,006,803
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2	1,326,223
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. 3	-319,421
4	Net unrealized gains (losses) on investments		. 4	
5	Donated services and use of facilities		. 5	
6	Investment expenses		. 6	
7	Prior period adjustments		. 7	
8	Other (Describe in Part XIV.)		. 9	
9	Total adjustments (net). Add lines 4 through 8		. 9	0
10	Excess or (deficit) for the year per audited financial statements. Combine	e lines 3 and 9	. 10	-319,421
Part	XII Reconciliation of Revenue per Audited Financial Statem	nents With Revenu	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		. 1	1,006,803
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		<b>2</b> e	0
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,006,803
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b			0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,006,803
Part	Reconciliation of Expenses per Audited Financial State	ments With Exper	ses per Return	
1	Total expenses and losses per audited financial statements		1	1,326,223
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,326,223
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		]	
a	Investment expenses not included on Form 990, Part VIII, line 7b $$ . $$ .	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b			0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ne 18.)	5	1,326,223
Part				
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII ditional information.			
*			·	

Schedule D (Form 990) 2010 Page <b>5</b>							
Part XIV	Supplemental Information (continued)						
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2010 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Inspection Employer identification number

SPRING BRANCH COMAL COUNTY VOLUNTEER FIRE DEPARTMENT	74-6051048
PART VI, SECTION A, line 5. A ladder truck, leased in 2009 was returned to the bank due to non-paym	nent. Item was acquired for
\$688,140 on Oct 21, 2009. In fall of 2010 ladder truck was sold, resulting in a loss of \$63,446.	
PART VI, SECTION B, line 15a & 15b. Bylaws were changed to remove paid employees as Corporate	Officers. All directors are
uncompensated.	
PART VII, SECTION A, lines 4, 7, 8. Bylaws changed to delete employes officer positions. Both employees	oyee's were terminated on/about
August 24, 2010 and the corporation reorganized.	
PART XI, line 5. Despite the operating loss of -\$319,420 the net assets increased by \$23,522. This oc	curred because the corporation
recognized and recorded the appraised value of land in the amount of \$342,942.	
PART XII, 2a & 2b. The financial statements were compiled by the Treasurer. A Board appointed Aud	it Committee, assisted by a competent
member of the corporation, reviewed the records, statements and financial policies. The financial sta	tements were determined to be
fairly presented. Policy and procedural improvements, primarily addressing matters from Jan to Aug	2010 were developed.
,	
PART IX (STATEMENT OF FUNCTIONAL EXPENSES). Management & General expenses began in 200	9 when the organization hired an
Executive Director and established an administrative function. Expenses were not previously broken	out in 2009 to describe these costs.